BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	IMAGE SENSING MODULE CAPABLE OF FAST TRANSFERRING SIGNAL AND METHOD THEREOF									
Fill in Appropriate			hereto. If not attached her							
Information -	the specification was filed onas									
For Use Without	United States A	pplication Numb	per				;			
Specification	United States Application Number					(if applicable) and/or				
Attached:	the specification was filed on					as PCT				
	International A	; and was (if applicable)								
	amended on					•	• ′			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal									
	Regulations, .56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.									
	I hereby claim foreign priority benefits under Title 35, United States Code, 19(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:									
Insert Priority	Prior Foreign App	lication(s)			Pr	iority (Claimed			
Information:	• (10)						ο.			
(if appropriate)	(Number)	(Country)	(Month/Day/Year Filed	1)	Yes	No			
		` .		. * `	•					
										
	(Number)	(Country))	(Month/Day/Year Filed	1)	Yes	No			
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	(Number)	(Country))	(Month/Day/Year Filed	<u>)</u>	Yes	No			
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	(Nivershow)	- (Carratery)		041-/D/VFil4		<u> </u>				
	(Number)	(Country)	,	(Month/Day/Year Filed	1)	Yes	No			
	I hereby claim the benefit under Title 35, United States Code, 19(e) of any United States provisional applications(s) listed below.									
	•			.,	••	• • •				
Insert Provisional	44 144 44 54 4									
Application(s): (if any)	(Application Number)			(Filing Date)						
	(Application Number	r)		(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Number	Date of Fil	ing (Month/Day/Y	ear)				
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, 20 of any United States and/or PCT application(s) listed below an insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, 12, I acknowledge the duty to disclosinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, .56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S.										
Application(s):	(Application Number	r)	(Filing Date)	(Status - pa	itented, pending, al	pandon	ed)			
(if any)										
Page 1 of 2	(Application Number	r)	(Filing Date)	(Status - pa	itented, pending, al	pandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
ull Name of First or Sole Inventor: nsert Name of Inventor → nsert Date This Document is Signed	TSOU MING-CHIEH (FAMILY NAME:TSOU)	Trou Ming-C	hieh	MARCH 22, 2004					
nsert Residence	Residence (City, State & Country) CITIZENSHIP								
nsert Citizenship →	SAME AS MAILING ADDRESS TAIWAN, R.O.C.								
nsert Mailing Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	5F, NO. 9, LANE 23, SEC. 2, PAO FU RD., YUNGHO, TAIPET HSIEN, TAIWAN, R.O.C.								
ull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	WEN HUNG SU (FAMILY NAME: SU)	Wen Hung - S	>u	MARCH 22, 2004					
.=	Residence (City, State & Country) U CITIZENSHIP								
	SAME AS MAILING ADDRESS		TAIWAN, R.O.C.						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	4F, NO. 213, YUNG FENG ST., PAN CHIAO CITY, TAIPEI HSIEN, TAIWAN, R.O.C.								
ull Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
sec above									
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
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full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP	•					
	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)							
	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)							
ull Name of Fifth Inventor, if any:	MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME	ncluding City, State & Country) INVENTOR'S SIGNATURE		DATE*					
ull Name of Fifth Inventor, if any: see above				DATE*					
Inventor, if any:			CITIZENSHIP						
Inventor, if any:	GIVEN NAME/FAMILY NAME		CITIZENSHIP						
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	CTTIZENSHIP						
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP						
Inventor, if any: see above	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP						
Inventor, if any: see above	GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	INVENTOR'S SIGNATURE ncluding City, State & Country)	CTTIZENSHIP						
Inventor, if any: see above ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	INVENTOR'S SIGNATURE ncluding City, State & Country)	CITIZENSHIP	DATE*					
Inventor, if any: see above ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	INVENTOR'S SIGNATURE ncluding City, State & Country)	·	DATE*					
Inventor, if any: see above ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	INVENTOR'S SIGNATURE ncluding City, State & Country) INVENTOR'S SIGNATURE	·	DATE*					
Inventor, if any: see above ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE ncluding City, State & Country) INVENTOR'S SIGNATURE	·	DATE*					

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